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CASES.

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CASE I. *Pneumonia.*—A. B., aged 17; unusually tall for his age, with a corresponding muscular development, and with such strength as habitual and earnest gymnastic training produces. Two years before his recent attack he had passed through various diseases, occupying more than four months, and which often threatened life. These succeeded each other so rapidly that there was little intermission between them, leaving no time in which convalescence fairly declared itself. The only ground for a favorable prognosis in the new forms in which disease showed itself, was the fact that as severe, and often apparently more severe attacks had not been fatal. During these many months he did not leave his bed, and many consultations were held in his case.

March 30th, 1856, A. B. complained of sore throat and slight cough. These lasted but a day or two. He was abroad in three days, and was in active exercise, exposed by day and into the night to sudden and decided changes in temperature.

April 7th, in the night he awoke with extreme heat of skin, without consciousness of precursory chill, and I was called to see him early in the morning of the 8th. The heat had subsided, the throat was well. Some cough. No local trouble complained of, or discovered. Pulse slightly accelerated; skin natural; no thirst; no dyspnoea; decubitus as usual; four dejections—copious. A cathartic; and after operation, spirit. ætheris nit.

9th.—Pneumonia diagnosed in lower portion of middle lobe of right lung. Omit nit. æther, and take a teaspoonful of the following, and repeat once in four or six hours, unless contra-indicated. R. Antimon. tart., gr. ij.; aquæ, 3 ij.; tinct. opii, 3 i. M.

Profuse diarrhoea followed the second dose, and in the night was a sweat so great as to produce alarm, and I was called. The sweat subsided, but the diarrhoea continued. The dose was diminished,

without diminution of the diarrhoea. Very little exhaustion occurred, however, and little more was done than to omit the solution, though it did not seem possible that so small a quantity of antimony could have in so short a time produced the symptoms which followed its use.

In the mean time the disease of the lung rapidly extended, and at length occupied the whole organ. There was flatness on percussion throughout, and an emphatic bronchophony, with bronchial breathing, were the only sounds rendered to auscultation. Leeches and vesication were employed. The left lung has not been spoken of. This was carefully examined. There was an entire want of the signs of pneumonia in this lung. At one time, Dr. James Jackson, who was in consultation in this case, thought he caught a morbid sound when ausculting this lung, in the neighborhood of, or over, its root. But such was the general absence of disease in the organ, that it was ascribed to transmission rather than to an independent affection. The limitation of the disease to one side of the chest rendered lying, which was almost exclusively on the back, perfectly easy, which is so striking that it may be regarded as a diagnostic sign. There was very little, if any, dyspncea, and there was no pain complained of even on forced inspiration, nor was cough painful. The rusty, bloody expectoration was in ordinary quantity, but was, at first a cause of much alarm to friends.

The pneumonic signs disappeared as rapidly as they came, so that at the end of four or five days from the complete occupation of the lung by inflammation, the morbid sounds on percussion or auscultation had well nigh gone. The strength of the patient continued remarkably, considering the extent of the disease, and the diarrhoea, which continued unabated.

A new symptom declared itself. This was swelling of the abdomen; and in two or three days this became a great annoyance by the distension produced. The abdomen was everywhere tympanitic, but without soreness or tenderness. There was something about this case which strongly interested me. Here was diarrhoea which was, at times, uncontrollable by the will, tympany, occasional wandering, succeeding to a thoracic affection rarely having such a sequel, and which had passed away during pressing diarrhoea. It was not typhoid fever; some of its physical signs were entirely wanting; there were neither sudamina nor rose spots, nor the typhoid tongue, nor the peculiar physiognomy. The strength was sufficient, for the patient could, and did, rise from his bed as occasion demanded. The diarrhoea was so free and painless that I looked constantly for spontaneous or involuntary discharges of flatus. The distension at length was so great that I determined to attempt its artificial removal. For this purpose a tube was passed into the rectum. It had entered but a few inches when a full stream of liquid faeces passed out of it. It was carried onward, and at length reached the wind. This passed freely, accompanied by liquid. Much relief followed. This operation was repeated twice

a day for two days, when the abdomen became perfectly flaccid and hollow, in the strongest contrast from its condition before the introduction of the tube. I used the tube also for simply emptying the bowels when a need for this was declared. It was done with perfect ease, without the least of that disturbance of the patient which makes injections often so distressing to the sick.

It was said that wandering occasionally occurred. This soon became active delirium. Watchfulness was an attendant, and in one instance thirty-six hours passed without sleep. Restlessness was extreme. The least opportunity for marked exhibitions of this was used. If left a moment alone, he would suddenly leave his bed and be found standing in the middle of the room. He was away from home—from his room—in all sorts of places—painfully anxious to be allowed to go home. Irregular movements, at times amounting to spasm—tossing about, as in jactitation—picking the bed-clothes—subsultus, with constant twitching of the fingers, and tremor of the hands. Diarrhoea continued. Sweating. This was among the symptoms especially noticed. It was rarely general—often confined to the forehead—at times cold; at others warm, hot. Through the disease the thirst was great and constant. Iced water was desired above all other things. The tongue was dry, parched, but never heavily coated.

I have not said much of treatment. It was pretty clear that as far as this regards medicinal agents, active treatment, so called, was not indicated. The compound spirit of sulphuric ether was perhaps more used than anything else, and seemed to do the most good. Some attempts were made to control the diarrhoea by internal means, and by suppositories. But they entirely failed. There was one part of the treatment which was *active*. This regards food,—things eaten and drunken. As soon as the tympany was removed, wine was given in arrow root, and at short intervals. Then strong animal decoctions were given, alternating with the wine and arrow root. I have rarely met with a case in which such demands were made for nourishment. The weight of disease had been removed, or much of it, and the sense of absolute starvation had replaced it. What was so demanded was allowed, and it hourly did good. Bread and meat came next. The mind returned as the strength increased. The nights continued bad, after days of much apparent improvement, and constant care and watchfulness were demanded. Rarely has convalescence proceeded more regularly, and rarely have I seen it more gratefully welcomed. Among the latest effects of disease was unsteadiness of the hands, and trembling of the fingers. Nourishment and sustenance (I use the words physiologically) were vigorously manifested. A pound by weight was gained a day, and my young friend very soon was every inch what he was when disease attacked him.

REMARKS.—My last visit to A. B. was made on the 26th April—the first, March 30th. His disease, two years before, lasted four months, and was marked by the same occurrence of new and grave pheno-

mena. The brain, chest, abdomen, and the whole muscular system of voluntary motion, came in turn to be the seats of disease. The last was the most difficult to manage. As soon as the will ceased to control it, it at once showed every species of action, and in their strongest manifestations. It showed how industriously its power had been cultivated. In cases like this, great care is required to prevent the accidents which may come of the use of the unrestrained exercise of power. The patient believes himself away from home, and in situations from which he is anxious to escape, or merely wishes to go home. He watches his opportunity, and may accomplish his object by jumping out of a window, or goes out by the door, and runs whither neither he nor his pursuers know. The most judicious course to prevent such occurrences is a gentle one. No attempt need be made to argue the patient out of his delusion, for it is one in which there is both consciousness and belief against us. He feels and knows that he is not at home, and this under most disagreeable circumstances. For instance, he is in bed and is undressed. He feels that he is naked in his strange, and, it may be, very disagreeable abode. He must go home and get his clothes. Nobody but he knows where they are, and find them he must and will. I have known a mere admission of the facts, which are such to the insane mind, and a promise to get his clothes, stated gently and naturally, to calm such a mind, and a sleep has followed with most beneficial results.

The attempt to remove flatus by a tube was suggested by a report of a case made to me some years ago, and in which case it was successful. It does not always succeed. In consequence of my having used it—while, in fact, the experiment was making—another case occurred to a medical friend in which he thought it might be advantageously tried. It failed. The disease was inflammation within the abdomen, exactly where, or in what tissue, was not ascertained. There was great distension and tenderness, making pressure insupportable. There was diarrhoea and vomiting. The general symptoms were so grave as to lead to a wholly unfavorable prognosis, and the use of the tube was rather for present relief than for recovery. It entered the bowel readily, and was passed several inches with ease. It then stopped, and the slightest effort to carry it further produced pain. It was evident that it had reached a diseased place, and could be carried no further. Liquid faeces passed through the tube, but no air. Death occurred in a few days; and upon examination, a large abscess was found in the lower part of the abdomen. The mesenteric glands were found diseased, and the intestines glued together by lymph.

Much caution is required in the use of the tube. Attempts should never be made to overcome obstructions by force. The tube should find its own way, and very much as the catheter does, force enough only being applied to secure its passage through a canal, the sides of which are in contact, but in which no morbid obstruction exists.

It occurred to me, while witnessing the benefit from artificial removal of flatus in the case of A. B., that like means might be useful in other diseases. Typhoid fever is one. In this is diarrhoea and tympany. Ulcerations exist in the bowels. Pain and distress attend the distension of the bowels, and the consequent pressure on diseased portions in which flatus may not be confined. Would not the removal of much suffering, come of simply removing the distension? Again, the free and easy evacuation of the matters of diarrhoea would remove the more than annoyance of frequent calls to evacuate them.

In puerperal fever the distension from wind in the bowels is often very great, and grave disturbance of important functions is produced. The diaphragm is seriously obstructed in its accommodation for respiration, and the increased pain in the abdomen by the force necessary to overcome the embarrassment to breathing makes this very short, so little air being received by the lungs, as to make rapid breathing necessary to supply the deficiency. Would there not be much relief afforded if the flatus here could be removed by the tube; and would not the removal of faecal matter through the same channel in some cases do more than merely promote comfort?

Puerperal fever has been instanced; but would not cases of peritonitis occurring under any other circumstances be also benefited by a similar treatment? It can hardly be but that the inflamed portions of the peritoneum would stand a better chance of recovery by being relieved from the presence, and grave irritation, of retained and constantly increasing flatus. Why is flatus retained, when faecal matters pass so freely, and especially when they so freely accompany each other through the tube?

CASE II. *Labor—Scarlatina—Peritonitis.*—Mrs. —— was taken in her first labor May 1st, 1856. Her medical attendant being confined to the house by illness, I was directed to attend her. I learned that during three months immediately preceding, uterine hemorrhage had happened three or four times; not indeed profuse, but sufficient to cause uneasiness. Labor began with slight hemorrhage. Upon examination, the presentation was found to be natural, the os uteri dilatable, and there was good promise of a speedy delivery. The head had nearly reached the external organs, when the uterine contractions slackened. In order to increase them, and to insure favorable expulsion of the after-birth, and to prevent hemorrhage, the tincture of ergot was given, and with excellent effect. The labor was completed within twelve hours from its beginning.

Soon after delivery, severe pain was complained of in the abdomen. It was described as more severe than that which accompanied labor. The womb was found very much in the condition described by me in a former paper upon Irregular Contraction of the Womb—viz., firm contraction of the fundus, presenting a solid ball a hand's breadth above the symphysis pubis, all below being soft, or

of a doughy feel. The pain was hardly intermitting, and occasionally there was an expression of extreme suffering. The vagina was found distended with a firm coagulum, which also filled the lower and uncontracted portion of the womb. This was removed, with temporary relief. Pain soon occurred, and it was found necessary to repeat the operation. Relief followed. There was no external hemorrhage. I remained two or three hours with the patient after complaint had ceased, that I might meet what should happen.

May 2d.—I called early, and to my surprise and regret found that the nurse had Mrs. —— out of bed, and was making the bed. This was regretted, because of the extreme suffering a few hours before, and of fear that trouble might ensue. Mrs. —— reported herself perfectly well. Her sleep had been good; and it is rare to meet with a case the result of which is more promising. I did not see Mrs. —— on the 3d.

4th.—Went early, and found Mrs. —— very ill. Dr. —— having recovered, had been called, and had prescribed. Symptoms—universal pain and soreness, especially of the limbs, reaching to the very bones. Neck stiff, and the least motion aggravating the general suffering. Heat great—and pulse very rapid. Soreness of throat, and difficult deglutition. The symptoms more nearly resembled the precursory ones of smallpox, or other grave eruptive diseases, than anything else.

5th.—No relief. The night wretched. Intense heat and thirst. Cathartic has operated—thinks herself worse than yesterday. Breasts swollen and very tender.

6th.—Scarlatina declared itself by universal and deep redness of the skin, the face only escaping. Throat very sore, and former symptoms unchanged.

7th.—Less suffering. Rash, &c., continues.

From this time there was gradual amendment, and at length entire recovery, and under circumstances the most unpromising. Desquamation, remarkable for extent and amount.

21st.—Being apparently free from disease, and without having been exposed to any cause of disease, a severe chill occurred, followed by intense heat and sweat, and attended with diarrhea—the evacuations amounting to fourteen in very rapid succession. I was desired to see her this day, but did not till the morning of the 22d, when I learned these particulars from Dr. ——. The symptoms were great exhaustion—lying on the back with the eyes half closed—respiration catching, rapid—heat intense—mind wandering—pulse too rapid for counting—abdomen swollen, tympanitic, tender—nausea—vomiting, or rather gulping—a very severe chill before my visit. Diarrhoea continues. It seemed clear that, under circumstances so wholly unpromising, little was to be hoped for from treatment. Mrs. —— continued to sink, and died on the 24th, twenty-one days from the birth of her child.

This case presents a rare complication of disease. The hemor-

rhage, before labor—irregular contraction of the womb after delivery—scarlatina in its severest form—recovery, without any of its sequelæ—puerperal peritonitis, eighteen days after delivery, suddenly occurring, and, without any mitigation by treatment, terminating fatally on the third day from its attack. A distinct, strongly-marked rigor occurred early every morning during the fever.

[To be continued.]

NEW REMEDIES—GELSEMIN.

[Communicated for the Boston Medical and Surgical Journal.]

To abate, to control, and ultimately to eradicate abnormal or diseased action, and thus let the patient get well, may, I think, be justly considered the true object and aim of the physician. To the accomplishment of this change from diseased to healthy functions, all medication should therefore be directed. It is, I believe, not only an observed, but also an admitted fact, by medical men, that, in most, if not in all acute diseases, more or less of what is called fever is present, as one of the symptoms to be considered in arriving at a correct diagnosis. Whether this symptom, so called, is ever idiopathic or not, I do not now propose to consider. That it is oftener merely symptomatic, I think very few will deny. But practically what difference does it make, either to the patient or the physician, whether this fever be looked upon as the disease, or only as one of its morbid products; or in other words, whether as idiopathic or symptomatic fever, provided observation and clinical experience unitedly bear testimony to this fact, that whatever medication tends to diminish and finally check this one symptom, will also so modify and change the whole abnormal action of the system, that the patient will soon be well, with due attention to diet and regimen.

I have read many and very contradictory theories, each and all claiming to state why, and explain how, this morbid condition was set up in the system, and also explaining its various changes and phenomena. But it is not my purpose at present to review any of these theories, but rather to enforce this well-known and practical fact—that whatever theory we may espouse and to whatever course of remedies we may submit our patient, so soon as we can exchange the dry and harsh skin of fever for the soft and pliable skin of health, the frequent pulse is soon exchanged for that of health, the other diseased manifestations follow in the train, and our patient is soon convalescent. I shall not stop to pass in review, much less to criticize, the varied and different medicines which have been recommended to produce this much desired change from suffering and danger to comparative health and safety—but will merely state, that, in my hands, sedatives have greatly contributed to this important result.

Having somewhat explained the reasons which led me to the

practical use of the article named at the head of this communication, I will now beg leave to call the attention of the profession to the *Gelsemin*. This is a resinoid, prepared from the *Gelseminum sempervirens*, or yellow jessamine, wild jessamine, yellow woodbine, &c. It is a twining plant, found throughout the Southern States, and somewhat prized as an ornamental one, from the bright yellow color of its flowers.

As a medicinal plant, the *Gelseminum* is, I believe, but little known to the profession; therefore its active principle, or *gelsemin*, is emphatically a new remedy. In all ages physicians have earnestly sought for an agent which would certainly control, and, as it were, ultimately neutralize febrile conditions of the system. With morphine and other narcotics, we can usually control pain and relieve spasmodic affections; but heretofore we have had no agent that would in like manner dispel a burning fever, without greatly reducing the system by the action of the medicine, and not always even then.

That *gelsemin* will always produce this effect, I do not pretend to assert, but only that it is superior to any known article in use in such cases; and my clinical experience confidently leads me to recommend it to the profession, in all diseases in which there is increased action of the heart and arteries, with a hot and dry skin, attended with increased irritability, or aggravated sensibility of the nervous system.

Gelsemin (as prepared by B. Keith & Co., American Chemical Institute, 570 Houston St., New York) is a light drab-colored powder, with a pleasant odor and an agreeable aromatic taste; its effect on the system is that of a powerful sedative, yet differing somewhat from any well-known sedative. When administered in large doses, it exerts a peculiar paralyzing influence over the nervous system; therefore as a result we obtain quiet and regular nervous action, lowered circulation, augmented perspiration, and increased action of the secretory organs.

In order to secure the good and peculiar effect of the *gelsemin*, it ought to be administered while the fever is increasing, not when it is departing, and never when the vital powers are much reduced. Hence, in the treatment of typhus and typhoid fevers, unless we employ this agent in the very first stages, it is inapplicable. While most agents of this class nauseate, the *gelsemin* causes neither nausea, vomiting, nor purging; in fact, the only sensation which the patient experiences from this medicine, is loss of strength.

The dose of *gelsemin* for an adult, is from half a grain to a grain; if the concentrated tincture be used, the dose is from twenty to thirty drops, administered in water.

As typhus and typhoid fevers are rarely to be met with in my locality, my experience in the use of this drug has been limited to those diseases in which there is increased action; in other words, such diseases as are designated by the term inflammatory, and in this class, I think, much advantage may be gained by the employ-

ment of this remedy in the treatment of pneumonia. I had intended to cite several cases in illustration of the effects of the gelsemin in the treatment of affections of the respiratory organs, but the length to which my article has already reached must limit me to only one.

Mrs. S. A., aged 40; married, mother of several children; constitution impaired by previous illness. On the evening of Feb. 19, 1856, had a distinct chill, followed by headache, pain in the right side of the chest, most severe under the mamma, great dyspnœa, and violent vomiting. I saw her on the 20th; symptoms as above, save that the vomiting was less frequent. I would here remark that this is the fourth time that I have attended this lady in a similar attack, with the exception of the vomiting, and she has probably had tuberculated lungs for the past ten years. Taking all these things into consideration, I concluded that I had to contend with a case of pneumonia biliosa, and gave podophylline one sixth of a grain, antimonialis pulvis three grains, every four hours; tr. aconite, one drop every hour.

21st.—Nausea gone; dyspnœa much the same; no expectoration; cough urgent; bowels open. Apply mustard as a counter-irritant; omit podophylline; continue tr. aconite once an hour; give tr. gelsemin, six drops every four hours; also give a solution of tart. ant. and mur. ammon., time and quantity to be governed by the tolerance of the stomach.

22d.—Symptoms mitigated; some expectoration; pulse 80. Continue treatment.

23d.—Symptoms much aggravated; patient appears as though she had taken cold; pulse 110. Omit tr. aconite; increase tr. gelsemin to ten drops; give calomel one sixth of a grain, pulvis ant. four grains, alternately, every four hours; apply blister to chest.

24th.—Patient every way improving. Continue same treatment.

25th.—Much as at last visit. Make no change in the treatment.

26th.—Omit antimoniales. Continue gelsemin, calomel, ipecac. and camphor.

27th.—General amelioration of symptoms. Continue treatment.

28th.—Doing well. Skin natural; pulse 75, soft; expectoration easy. Continue the same treatment, with the addition of quinia sulph., one sixth of a grain, to be repeated every six hours, unless there should be a paroxysm of fever.

29th.—No fever. Discontinue all treatment, except quinia and tr. gelsemin.

March 1st.—Patient has some appetite. Give sulph. cinchona one grain, tr. gelsemin six drops, alternately, every four hours.

2d.—Convalescent; bowels sluggish. Give podophylline and rhei; omit tr. gelsemin and give tr. sanguinaria ten drops, and sulph. cinchona one grain, alternately, every four hours.

4th.—Omit sulph. cinchona; give myrrh mixt.; continue the other remedies.

7th.—Patient improving rapidly. Discharged.

REMARKS.—Mrs. A., in her previous attacks, has uniformly suffered from great nervous excitement and painful delirium; in this attack, although more severe in its commencement than either of the others, yet there was no delirium. To what was this exception owing? Was it to the peculiar sedative effect of the tr. gelsemin? Further observation must settle this question, and also determine the value of the remedy in this and kindred diseases.

Morris, Otsego Co., N. Y.

W.M. R. BATES.

REMARKABLE CASE OF RECOVERY FROM POISONING BY THE SEEDS
OF DATURA STRAMONIUM.

[Communicated for the Boston Medical and Surgical Journal.]

On the evening of November 25th, I was called to F. S., a male child, aged 4 years, and was requested to be as quick as possible, as the messenger said the child was in spasms. I saw the child in about ten minutes after I was called. Found him in great distress; pulse 120; throwing his arms and limbs to and fro and very restless; color of skin, a bright scarlet; pupils dilated. The scarlet color extended over the face, body and limbs. I questioned his mother as to how he was taken; she replied, that an hour before he had been at play with the children, and came into the house and wanted some water; said his tongue felt big, and he appeared not to want much supper. She put him to bed as usual. He had not been in bed long, before attention was called to him, by a scream as though he was frightened in his sleep. She found it impossible to do anything with him, and his father was called. As he inclined to be sick and to vomit, they gave him infusion of snakeroot, which checked it. He being no better as to other symptoms, a messenger was despatched for me. From the appearance of the child, and the mother's history, I concluded it was a worm fit with stoppage of water, as his father informed me he had often complained when urinating, and accordingly I gave him some simple remedies for the urinary trouble, but with little or no effect. I then ordered injections, and at least twelve ounces were thrown up the rectum. After waiting one hour, and no movement of the bowels occurring, and the symptoms not much better, I came to the conclusion there was a want of action from some cause, and accordingly gave powder of sub. mur. hydrarg. gr. viii., pulv. jal. gr. vi., M., at 9 o'clock; and left another powder of sub. mur. hydrarg. gr. x., pulv. jal. gr. viii., M., to be given at 1 o'clock if no movement took place from the bowels. No passage from the bowels taking place by 1 o'clock, and the symptoms being much the same, the powder was given, which caused full emesis, and brought to light the cause of the trouble, viz., about a tablespoonful of the seeds of *Datura Stramonium*.

How the little fellow lived so long with them in him, it being about seven hours from the time I first saw him until he vomited

them up, and how much longer they had been in him, I know not. The medicinal dose is but half a grain. At the same time the vomiting commenced, the bowels passed off, quite freely, watery stools mixed with the seeds. The patient is now alive and smart.

Query.—Does not calomel neutralize the effect of this poison in a measure?

D. CALKINS.

East Lyme, Conn., June, 1856.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

APRIL 14th.—*Apoplexy during Labor. Effusion of Blood into the Pons Varolii and Crura Cerebri. Death.* Case reported by Dr. JOHN HOMANS.

Mrs. ——, aged 32 years, of plethoric habit and nervous temperament, though generally enjoying good health, with the exception of headache, to which she had been subject from childhood, was married April 9th, 1853. She became pregnant in April of the following year, and aborted in July, about the end of the third month. She again aborted at the same period of pregnancy in June, 1855. Her third pregnancy commenced immediately after this occurrence. She suffered much from sympathetic affection of the stomach during the whole of the first two pregnancies, and until the sixth month of the last. At about the middle of the eighth month, her limbs began to swell, and her whole body became gradually anasarcaous, so that she was quite clumsy in her movements. Occasionally she complained of headache, especially in the morning. On the 20th of March, 1856, Dr. H. was called to see her on account of these two symptoms. About sixteen ounces of blood were taken from her, and some laxative medicine was ordered, together with a strictly farinaceous diet. The urine examined at this time, was found to be highly albuminous. Relief from her troublesome feelings followed this treatment until March 27th, when the headache returned, and the swelling, which had diminished, again increased. Blood-letting was again resorted to, to the amount of twelve ounces, and a cathartic given. The pain in the head ceased immediately after the bleeding; she expressed herself as feeling remarkably well, and engaged in the amusements of the family during the day and evening. About 1 o'clock, A. M., March 29th, the cathartic operated freely, after which she complained of nausea, and vomited a frothy mucus. This occurred several times, and was attended with severe pain in the epigastric region, which became so intense as to cause her mother to send for Dr. Homans at 3, A. M., though against the wishes of the patient, who thought the pain would soon pass off without medical aid. Dr. H. found her suffering from pain as above, and also in the head. Immediately after his arrival she had a severe convolution, lasting three minutes; from this she rallied, and said she felt better. An hour after, a second convolution occurred, more severe and of longer duration. She did not recover as before, and exhibited but slight indications of consciousness, which soon entirely disappeared. Her face during the convulsions became exceedingly livid, and this continued to be the case in some degree afterwards. She was perfectly motionless after this second attack; her eyes were shut, and her respiration labored though not stertorous. After an interval of two hours a third convolution took place, less

severe and shorter in duration than the others. At this time, about 8 A. M., the waters were spontaneously discharged, she having before exhibited some indications of being in labor, by pain, and bloody discharge from the vagina. The *os uteri* was dilated to about the size of a dime. The respiration soon became somewhat stertorous, though not at any time remarkably so. The pulse, before the first convulsion, was about 100; subsequently, between 80 and 90. Whenever there were symptoms of the commencement of a convulsion, sulphuric ether was administered by inhalation, with the apparent effect of averting them. She remained motionless and senseless, without any other convulsion, till death took place, about 1 o'clock, P. M., suddenly and easily. There were no signs of the life of the fetus after the first attack. The labor advanced no farther than above described.

Autopsy. 46 hours after death—the body having been preserved in ice.

Head. The vessels were well filled with blood; the convolutions somewhat flattened; considerable white softening of the *septum lucidum* and of the parts immediately surrounding the lateral ventricles, which contained much more fluid than usual. There was quite a large effusion of blood into the *pons varolii* and *crura cerebri*.

Thorax. The lungs and heart were normal.

Abdomen. Scattered through the substance of the *liver*, which was of a deep-yellow color, were a large number of dark-red maculae, from half a line to one-fourth of an inch in diameter, resembling those of purpura on the surface of the body. The cortical substance of the *kidneys* had a somewhat rough, unhealthy look, and did not as strongly contrast with the tubular portions as in the majority of cases. On microscopic examination, nothing remarkable was noticed.

The *uterus* contained a well-formed female fetus of the full term.

The other organs presented nothing remarkable.

The specimen consisted of the *pons varolii*, and portions of the cerebral matter immediately surrounding it. It had been preserved for more than two weeks by Dr. PUTNAM, in chloroform, and was quite unchanged, save that the consistence was somewhat firmer than at the autopsy. The clot was directly in the centre of the *pons varolii*, also involving the *crura cerebri*, consisting of about half an ounce of blood. The portions of the brain in the immediate vicinity were somewhat softened and slightly yellow.

APRIL 14th.—*Abscess of the Liver. Purulent Infiltration of the Brain and Lungs. Death.* Case reported by Dr. BOWDITCH.

Dr. B. was called in consultation, April 9th, 1856, and learned as follows:—The patient, W. P., aet. 43, was a jeweller, in very active business in Boston. Was usually quite well, though occasionally liable to colic. Four weeks previously to the above date, he started for New York. He dined heartily at Holyoke, having felt a little unwell previously. In the evening he was seized with a violent “bilious attack” and had a severe chill, but there was no other very prominent single symptom; he felt generally quite ill. He was obliged to discontinue his journey; and took a cathartic and emetic. He arrived home much exhausted; and subsequently the symptoms had been of a vague nature—resembling those of typhoid fever more than any thing else. They had, however, been very variable; and two or three times, during the four weeks, the attending physician had thought he was recovering, when suddenly great depression of power and some labor in breathing came on. There had been no frank evidence of serious acute disease in any organ. There was, however, some

slight pain in the right side, and a little yellowness; but no real icterus. This disappeared a week before Dr. B. saw him. A slight cough had commenced, but was relieved after four or five days. He had had one or two severe chills. During the first week after his return he had more regular, but slight, febrile paroxysms, every afternoon. His tongue had been coated; his appetite weak; the bowels sluggish; and the dejections, always bilious, never clay-colored. The urine was high-colored. He had been at times a little flighty on first awakening. He had lost flesh and strength, and during two or three days previous to the consultation, had been unable to raise his head, apparently from weakness, and had become somewhat dull of intellect.

Dr. Bowditch found him lying on his back, having a stupid, typhoidal look, from which he could not be aroused. He had lain in this condition for some hours. The eyes were slightly yellow; the respiration rather rapid; pulse 96, not abnormal; tongue dry; the abdomen not full nor resonant. A few small pustules were scattered here and there over the abdomen. Percussion gave rather less sound over the right, than over the left, lung, but no râle was heard in either; nor was there bronchial respiration. He had taken wine and brandy, and various other remedies.

Quinine and champagne were ordered. The depression of the vital powers continued to increase, and he died forty-eight hours afterwards.

Autopsy, on the following day, by Dr. ELLIS.

The convolutions of the *brain* were somewhat flattened. There was considerable pus between the anterior third of the falk and the contiguous surfaces, these parts being adherent near the bottom of the fissure. Scattered throughout the substance of the cerebrum and cerebellum, occupying both the gray and white substance, were numerous abscesses, averaging two lines in diameter, and filled with pus of a pea-green color. A number were seen of larger size, the most marked of these, half an inch in diameter, being situated in the left hemisphere, at the junction of the anterior and middle lobes, so near the base that the contents escaped during the removal of the brain. Around this, the substance of the organ was quite extensively softened. From an ounce and a half to two ounces of serum was found in the lateral ventricles; and there was some softening of the parts in the immediate neighborhood of the latter. In the gray substance of the upper part of the cerebellum was an apoplectic effusion about half an inch in diameter. The consistence of the brain, generally, was somewhat diminished, but no more around the purulent collections than elsewhere, with the exception mentioned. There was no unnatural vascularity.

A large portion of the posterior part of each *lung* was quite friable, though, at the same time, soft and flaccid, of a dull-red color, and saturated with yellowish-red, semi-purulent-looking fluid. It did not crepitate on incision, though still containing some air, parts of it floating in water. A few small purulent collections were seen; and, in a limited portion, yellow points, as in the third stage of pneumonia.

On microscopic examination, the diseased pulmonary tissue was found to contain an abundance of pus globules. The appearance to the naked eye, however, was entirely different from that of the third stage of pneumonia.

The *heart* was quite flaccid, containing but few coagula, and those small and soft.

The *spleen* was of large size, but not otherwise remarkable.

In the right lobe of the *liver*, beneath the upper surface, but not visible externally, was an abscess upwards of two inches in diameter, filled with

green pus and several quite firm masses, apparently sloughs. The lining membrane was quite irregular, and of a dirty-white color.

In one of the large hepatic veins, extending from the wall of the abscess to the *vena cava*, was a firm, fibrinous coagulum, adhering in some parts to the lining membrane, but not entirely filling the vessel, which allowed a common director to pass easily through it into the cavity of the abscess. A large branch of this vein also contained a coagulum apparently more recent than the one described. Portions of that contained within the first-mentioned vessel had a decidedly purulent appearance, but no pus was found in the heart.

APRIL 28th. *Fractured Patella.*—Dr. COALE presented a *fractured patella* taken from a man aged 65, who had met with the accident ten years before. It was treated in the usual way—the limb being slung up—but instead of the figure-of-8 bandage a roller was passed around the joint above and below the fracture, and these two rollers brought together by longitudinal strips inserted beneath them. When first recovered, no division could be discovered between the fragments; but at the end of ten years' service, they are separated on the outer surface to the extent of an inch—on the inner to the extent of one eighth of an inch; that is, each piece is violently twisted outward upon its transverse axis. There was no lameness.

APRIL 28th. *Extensively Diseased Kidneys without any marked Symptoms during Life.* The case reported by Dr. C. D. HOMANS.

The patient from whom these specimens were taken was a girl, 12 years of age, belonging to a family predisposed to phthisis. She had always been an unhealthy child, though with no symptoms pointing to any particular organ as the part affected. She suffered at times from disturbance of the digestive organs, attended with loss of appetite, rejection of food, &c.; her bowels were generally regular, though inclined to constipation. She had sometimes pain in either side about the hypochondria, but never in the head; her complexion was usually slightly yellowish; her general state was one of great debility; she never had had a cough; there were no symptoms of any trouble about the urinary organs. During the last two months of her life, she was subject to attacks of palpitation, coming on after any exertion.

She was well enough to keep about the house till three weeks before her death, at which time, after complaining of pains in her limbs for a few days, she took a "galvanic bath," and after that was confined to her bed. She complained of pain in the head, the respiration was oppressed, the tongue furred, the urine scanty and high colored, and her feet and legs slightly swollen. The case was considered one of "fever." The history of the case was very imperfect, as the child had been under the care of several practitioners, regular and irregular, so that no very good account could be obtained.

Autopsy. 23 hours after death. The body was considerably emaciated; the feet and legs somewhat swollen.

Thorax.—There was a small amount of serum in each *pleural cavity*, being more abundant in the left. The *lungs* had a fleshy feel, and were congested posteriorly, though every part would float in water; otherwise not remarkable. The *pericardium* contained from three to four ounces of bloody serum. The *heart* was larger than normal, and contained in the right cavities the usual amount of coagula. The left cavities were empty. There was no valvular disease.

Abdomen.—The *peritoneum* contained a small quantity of serous fluid.

Liver normal. The *spleen* contained a number of small abscesses scattered through its substance, not more than one line in diameter; otherwise not remarkable. A small quantity of urine taken from the bladder was found to be highly albuminous.

The *kidneys* were very much changed from their normal condition, and were the specimens exhibited. The right consisted of a congeries of cysts, varying in size from one fourth of an inch to upwards of one inch in diameter, the walls of a number of them being quite stiff, and crackling on compression like parchment; some portions also were completely ossified. They contained, apparently, a thin, serous fluid, but none of them were opened; their color, externally, was bluish. There was no trace of the tissue of the kidney to be found. Cruveilhier regards this affection of the kidney as congenital. He has figured a specimen corresponding very well to the one described above, in his *Anatomie Pathologique*, Tome 1er., 6e. Liv., Pl. IV., Fig. 3. The left kidney was between two and three inches in length, of a uniform yellowish-white color, the normal structure being hardly, if at all, perceptible. On microscopic examination, no bloodvessels were seen, but the epithelium had quite a natural appearance.

Dr. JACKSON remarked that he found considerable ossific deposit in the parietes of the cyst, and that the case was probably congenital. He referred to a specimen of this disease in the Society's Cabinet; and also to a case reported by Dr. Ware some time since, in which one of the kidneys was so completely transformed that neither the tubular nor cortical substance was distinguishable. These cases were supposed to be congenital.

APRIL 29th.—*Convulsions following Vaccination complicated by Intermittent Rubeola.* Dr. MORLAND reported the case.

On the 13th of February last, he vaccinated a healthy male infant, six months old. On the 17th of the same month, a faint, but sufficiently distinct, eruption of measles was observed about the neck and shoulders. The usual symptoms of rubeola had declared themselves on the next morning after the vaccination, and the disease, consequently, must have commenced only a few hours previously to that operation, if four days be adopted as the period elapsing between the attack and the appearance of the eruption. The vaccine vesicle matured very slowly for several days, and the rubeolous eruption continued with varying distinctness, but always comparatively slight, until the 19th of February, when it disappeared. The vaccine vesicle then took a start, and went on rapidly to perfection. There seemed to be a retarding action reciprocally maintained for a time by the two affections, thus accidentally concurrent; vaccinia finally prevailing. The circumstantial record, made at the time, reads thus:—

February 17th.—Vaccination apparently taking effect; measles appeared; will the vesicle be retarded?

18th.—Vesicle advancing very slowly; measles retrograding; ordered a warm bath.

19th.—Vesicle going on, but more slowly than is common; less redness around it; eruption of measles gone; will it recur?

20th.—Vaccine vesicle much larger; child feverish; warm bath.

21st.—At 7½ o'clock in the morning, the child was seized with a severe general convulsion. He was seen by Dr. M. in about twenty minutes; a warm bath had been used. Wine of ipecac. and enemata, with cold lotions to the head, were at once resorted to, and, subsequently, three grains of calomel with five of rhubarb were given. Aspect of the little patient pale and confused. At 1½ o'clock, P. M., he had another convulsive attack, of

rather greater severity. By previous direction, he was immediately placed in a warm bath, the body and limbs were well rubbed with the hand, and sinapisms were applied to the abdomen and to the feet; the face being dark-colored and the scalp showing many turgid vessels, a large leech was applied to the left temple, and the wound was allowed to bleed for half an hour after the animal fell off. No more convulsions through the day. At 7½ o'clock, P. M., mustard was applied to the back of the neck. The night of the 21st was passed by the patient in quiet sleep.

22d.—Very bright and well, to all appearance, until 9½ o'clock, A. M., when he had another very severe convolution, lasting several minutes longer than the two previous ones. He was seen fifteen minutes after the access of the fit; was found stupid, with an occasional wild look of the eyes; had been placed again in the warm bath. Mustard-water frictions to the extremities were continued; the head being rather hot, cold applications were cautiously made to it; one drachm of castor oil was given; discontinued the breast milk. Dr. Storey saw the patient at this time, and recommended calomel and Dover's powder, one eighth of a grain of the former to one half a grain of the latter, every three hours. A continuance of the mustard-water frictions was also advised. Dr. S. believed that another leech might be needed. Dr. James Jackson, who had been sent for at Dr. M.'s request, visited the child shortly after, and gave a favorable prognosis. It was thought best by him to restrict the child's nursing to one minute's time every two hours; and, in the intervals, to allow sugar and water. Dr. J. thought that, although another leech might, possibly, be required, he should "be slow to apply it." The remainder of the management was concurred in. The powders above mentioned were commenced, and the other means continued. There seemed a degree of amendment in the afternoon of this day, and there had been some good sleep. The night of the 22d was quietly passed; there was only one dejection; a little colicky pain from flatulence; no convulsive action.

23d.—Quite well, seemingly; pulse 118, rather sharp (yesterday, 128 to 130); skin moist; one powder was taken at bed-time last evening, and another this morning. The vesicle of vaccination has broken and partially dried into quite a large scab; it was full, yesterday. In the afternoon of this day the child seemed dull and stupid, possibly from fatigue; the lips and tongue somewhat swollen; suspended the regular use of the powders; renewed the mustard frictions, &c. He was now allowed to draw the breast during three minutes, not having nursed for three hours previously. Flatulence troublesome; relieved by mint-water.

24th.—Night quiet; had one dejection; got one powder about midnight; the eyes somewhat red; no signs of returning rubeous eruption; tongue white; occasional colic.

25th.—Nearly as well as ever.

26th.—Same record.

27th.—A cervical gland, on the left side (that of the vaccination), much enlarged; otherwise very well and lively. Discontinued visits. From the last date to the present time, there has been no untoward occurrence, the child seeming better, even, than before his illness.

The supervention of measles upon vaccination, by the doctrine of chances, must be rare; a purely accidental occurrence. The points of interest in this case are the evident mutually retarding influence of the two affections thus co-existing; the modification of the vaccine vesicle and of the eruption of rubeola by this action—not uncommonly witnessed under such, or similar,

circumstances of complication—and, especially, the convulsions, as to their cause. Dr. M. was at first inclined to ascribe these to the retrocession of the measles; but it will be noted that they were manifested upon the eighth day after vaccination, when the vesicle should be perfect and the primary febrile action is usually observed—and consequently they may be more reasonably referred to the latter. This was Dr. Jackson's opinion. How much influence the conjunction of the two affections may have had, however, can hardly be determined. In his recently-published volume, Dr. Jackson gives an instance where convulsions took place in a child, on the eighth day after vaccination. Some time previous to this, the patient had had pneumonia, which was ushered in by convulsions, and the same had occurred, also, during dentition. Dr. J. had apprehended they might take place after the vaccination, and had forewarned the mother on the subject. He refers to other cases in which convulsions were observed in children at the commencement of bronchitis and scarlatina, but mentions only one after vaccination. In the case detailed above, there had not been any convulsions, previously, nor any threatening of them; there was, therefore, no reason to expect them.

In this connection, the remark of Sydenham may appropriately be referred to, that "an epileptic fit, in infants, is so sure a sign of smallpox, that if, after teething, they have one, you may predict variola—so much so, that a fit over-night will be followed by the eruption next morning. This, however, will be generally mild, and in no wise confluent." (*Works*, Syd. Soc. Edit., Vol. II., p. 252.) Dr. Jackson also remarked that "he believed convulsions are not rare in children, when the symptoms, so called, of smallpox first appear—corresponding to the eighth day of vaccination." It would seem that the accident must be infrequent after simple vaccination.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 19, 1856.

USAGE OF CHILDREN BY THEIR NURSES.

In a former number of this Journal we noticed, at some length, certain abuses of children, and particularly of young infants, at the hands of nurses and attendants. Our observation, in the interval, in no degree negatives the assertions originally made; we witness, almost daily, instances of reprehensible neglect or of stupid ignorance, and sometimes of violence, towards children from well-paid hirelings, which cannot be too strongly condemned. Many things are done out of sight of parents, which, if seen, would so arouse their indignation, that the offending attendant would be at once dismissed; and the true way to remedy this evil is thus to deal with the perpetrator of every *discovered* gross negligence or ill-treatment. In this way, finally, more faithfulness, gentleness and precaution will be obtained for those who cannot complain of mal-treatment themselves.

On Monday, June 2d, it being "Artillery Election," there was a wonderful deal of gossiping among the nurses who were taking out children for an airing—and in most instances it was only too evident that the attendants were bent on having "a good time generally," the little ones rather "running for luck," as the phrase is. For instance—it *may* be all very well for a group of nurses to sit down *on the fresh turf* of our Common, by the hour

together—if *their* bones ache next day, it is no great matter—they *ought* to know whether it is a prudent thing for them to do so or not; doubtless they can bear it—but are parents willing that their children—and tender infants—*asleep* too, sometimes, should thus *cultivate the soil*? A word to the wise is sufficient—there ought to be more watchfulness in these matters on the part of parents, if they wish their children to escape bronchitis, lung fever, dysentery and many other diseases likely enough to attack them under such exposure.

We saw on the same day (and we continually see) a very striking instance of another abuse, to which we referred in the article previously mentioned—and as it was perpetrated directly before our windows we could not but particularly notice it. A tall, strong, broad-shouldered man was dragging a very small child along the side-walk—the child tripped (undoubtedly from being made to travel too fast) and, losing its balance, swung against the man's leg; instantly it was raised in the air, hanging by one arm from the strong hand of its guardian (?), and, by dint of sundry swingings and swayings, placed on its feet again. Why could not this giant have lifted the dwarf properly, by taking it *under* each arm, or around its waist? It would have required no more time, and there would have been no risk of dislocation of the shoulder, and no pain to the child, as there always must be by the pendulum process so constantly practised. “*O reform it altogether!*”

THE LATE ANNIVERSARY AND THE SUFFOLK DISTRICT.

MESSRS. EDITORS.—The Journal for June 12th contains a letter from “1825,” endorsed with a rebuke for the younger members of the Suffolk District, by Dr. W. J. Dale. The behavior of these gentlemen may have been very bad, though it does not seem to have been generally known. The charge, however, is a very sweeping one. Can it be sustained?

The members from Suffolk District were most of them in attendance upon their business, and knew nothing of the arrangement for a *procession*, to the inconvenience of walking in which, some of the old men exposed themselves. The consequence was, that they met at the Revere House, and not at the Lowell Institute. Here nothing was said about being seated by Districts, and if there had been, it is not likely that gentlemen, who had not met for a year, would have had any scruples about amalgamating for an hour.

The procession of doctors, armed with umbrellas and Copeland's last, through the most crowded streets, at the busiest hour of “May training,” should have been in the distributed programme. Perhaps we should *all* have walked in it.

Did it occur to the Chairman of the Committee, that his “*unknown friend, 1825*,” may still be in the bloom of youth, and that his letter may have been what is sometimes called a *sell*? Yours truly,

Boston, June 14th, 1856.

SUFFOLK.

TRIAL AND CONVICTION OF WILLIAM PALMER.

THE steamer Ericsson brings the news of the termination of this trial, which has resulted in the conviction of the prisoner and his sentence to death. The trial has excited great public interest in England, owing to the social position of the parties, the circumstances of the murder, and the medico-legal questions involved in the case. Palmer is a surgeon, but his chief occupation appears to have been that of abettor at races. He was charged with having administered repeated doses of antimony to his friend,

John P. Cook, also a sporting character, with a view to prostrate his strength, and prepare him to be carried off by a final dose of strychnia. After his death he rifled the pockets of his victim, and took from them the sum of £700. Cook died with well-marked symptoms of poisoning by strychnia, as testified to by Dr. Christison. A chemical analysis of the contents of the stomach was made by Dr. Taylor, who found therein antimony, but no strychnia. The trial lasted six days, and the prisoner was ably defended by Sergeant Shee. There was another indictment against Palmer, for poisoning his wife, and several proved cases of forgery, in which no action was taken.

VERMONT MEDICAL SOCIETY.

A COMMUNICATION to the *Vermont Temperance Standard* from Dr. W. H. Thayer, Secretary to the above Society, states that the next annual meeting will be held at Bellows Falls on Thursday, June 26th. Dr. Thayer makes an eloquent appeal to the profession in Vermont for a full attendance. All regular physicians are invited, whether members of the Society or not, and there is a prospect that several communications of much interest and value will be read. We trust that this appeal will be responded to by all in Vermont who have the advancement of medicine and the welfare of the profession at heart.

Death of Mr. Guthrie.—The *London Lancet* announces the death of this distinguished surgeon at his residence in Berkeley Street, Piccadilly, on May 1st, his seventy-first birthday, of disease of the heart, after a long illness. The editor of the above journal remarks upon the loss thus sustained by the profession and the public, and, while promising a future notice of some of the important events of his life, and of his characteristics, says: "Mr. Guthrie, in every relation of life, private and public, maintained a noble and elevated character, through a long, successful, and honorable career. Up to the last day of his life he had been laboring for the good of his profession, which he had ever loved most ardently."

The New Orleans School of Medicine has recently been chartered by the Legislature of Louisiana, and is already duly organized—the lectures to commence in November next. Dr. E. D. Fenner is Dean of the Faculty.

Books and Pamphlets received.—Sand-Stone Fossils of the Connecticut River. By James Deane, M.D., Greenfield, Mass. From the Author.—The Microscope and its Revelations. By Wm. B. Carpenter, M.D., &c. &c. With an Appendix containing the Applications of the Microscope to Clinical Medicine, &c. Philadelphia, Blanchard & Lea. (From Ticknor & Fields.)—Gardner on Sterility. DeWitt & Davenport, N. Y. (From Ticknor & Fields.)

MARRIED.—In East Boston, Warren Ludwig, M.D., to Miss Mary M. Smith.—In Brooklyn, N. Y., Nelson L. North, M.D., to Mrs. Susannah Brown.

DIED.—In Auburn, N. Y., 8th inst., Henry Mills, Jr., M.D.—At Chazy, Clinton Co., N. Y., June 11th, S. Newell Fisk, M.D., aged 47 years.—At Mokelumne Hill, Cal., April 25th, N. Taplin, Jr., M.D., of Corinth, Me., about 40.

Deaths in Boston for the week ending Saturday noon, June 14th, 62. Males, 30—females, 32. Accident, 4—disease of the bowels, 1—congestion of the brain, 1—consumption, 16—convulsions, 1—croup, 1—dropsy, 4—dropsy in the head, 1—debility, 1—infantile diseases, 4—puerperal, 1—epilepsy, 1—scarlet fever, 4—inflammation of the lungs, 3—disease of the liver, 1—measles, 5—old age, 2—plunxity, 1—smallpox, 1—suicide, 3—teething, 4—unknown, 2.

Under 5 years, 26—between 5 and 20 years, 3—between 20 and 40 years, 16—between 40 and 60 years, 10—above 60 years, 7. Born in the United States, 44—Ireland, 13—England, 1—Scotland, 2—British Provinces, 1—Germany, 1.

Military Hospital in England.—The corner stone of a magnificent hospital for the reception of the sick and wounded soldiers of the army, to be called the Royal Victoria Hospital, was laid by Queen Victoria in the presence of a great number of spectators, on the 19th ult. The site on which it is to be erected is six miles from Southampton, and twelve miles from Portsmouth, near the South Western Railway. The building is to be of large dimensions, with a frontage of 1400 feet, facing to the southwest, consisting of a centre and two wings, each three stories in height. The land purchased for it consists of 100 acres, in a most healthy situation, surrounded by exquisite scenery, and bordering on navigable water of ten feet depth, into which a jetty has been thrown for a distance of 1000 feet, on which is a train road for facilitating the landing of materials, troops and supplies. The centre is to be appropriated to the accommodation of sick and wounded officers, and the wings for soldiers, affording accommodations for 1000 patients; and at a distance from the main building, barracks for convalescents, sufficient to accommodate 1000 men. Soft water is to be supplied from Scholing Common, distance of two miles, for which works are now in progress. The basement will be appropriated to the use of the inferior officers and servants of the establishment. In detached buildings will be an anatomical theatre, a lunatic asylum, and chapels for Protestants and Catholics. It is expected that the whole of the buildings will be completed in about three years, at a cost of about £200,000.—*Daily Advertiser.*

Gestation Prolonged beyond the Natural Term by Homœopathic Means.—The *Gazette Hebdomadaire* of Paris mentions, in a sarcastic strain, a little bit of Hahnemannian sorcery recently perpetrated in the French capital. Puerperal fever having been rife of late, many ladies, on the eve of parturition, were in great alarm; one, however, expressed herself with great confidence on the subject, saying, that her homœopathic attendant was giving her certain globules, by means of which her confinement would not take place at the accustomed period, but would be delayed until the epidemic had abated.—*London Lancet.*

Experiments on the Transmission of Rabies from Man to the Lower Animals.—M. Lecoq inoculated, at the Veterinary School of Lyons, on the 23d of September last, two dogs; the one with the saliva and the other with the bronchial mucus of a man who had fallen a victim to hydrophobia at the Hotel Dieu. The latter dog died very lately, without any outward signs of the disease, though presenting some of the post-mortem appearances of animals who die of rabies. The former is now alive, and presents nothing particular. From these facts, M. Lecoq is inclined to think that rabies is transmissible from man to animals; though he is far from venturing, as yet, upon a decided opinion on the subject.—*Ib.*

M. Vidal (de Cassis), surgeon to the Venereal Hospital of Paris (where he was M. Ricord's colleague), has just died of long-standing renal disease. M. Vidal was universally respected, and had been an eminent member of the medical press. He was the author of an important work on Surgery, in five volumes, which is a text-book in the French schools; also of a Treatise on Venereal Diseases, in which he combats, not very successfully, some portions of the doctrines propounded by M. Ricord.—*Ib.*

Western Giants in their Slumber.—The Burlington (Iowa) State Gazette says that while some workmen were engaged in excavating for the cellar of Governor Grimes's new building, on the corner of Maine and Valley streets, they came upon an arched vault some ten feet square, which, on being opened, was found to contain eight human skeletons of gigantic proportions. The walls of the vault were about fourteen inches thick, well laid up with cement or indestructible mortar. The vault is about six feet deep from the base to the arch. The skeletons are in a good state of preservation, and we venture to say are the largest human remains ever found, being a little over eight feet long.—*Calendar (Hartford).*

Medical Science.—The Sultan has authorized the formation of a Medical Society at Constantinople, and has sanctioned its title as the Imperial Medical Society of Constantinople. The new Institution was started by the English medical men at Scutari.

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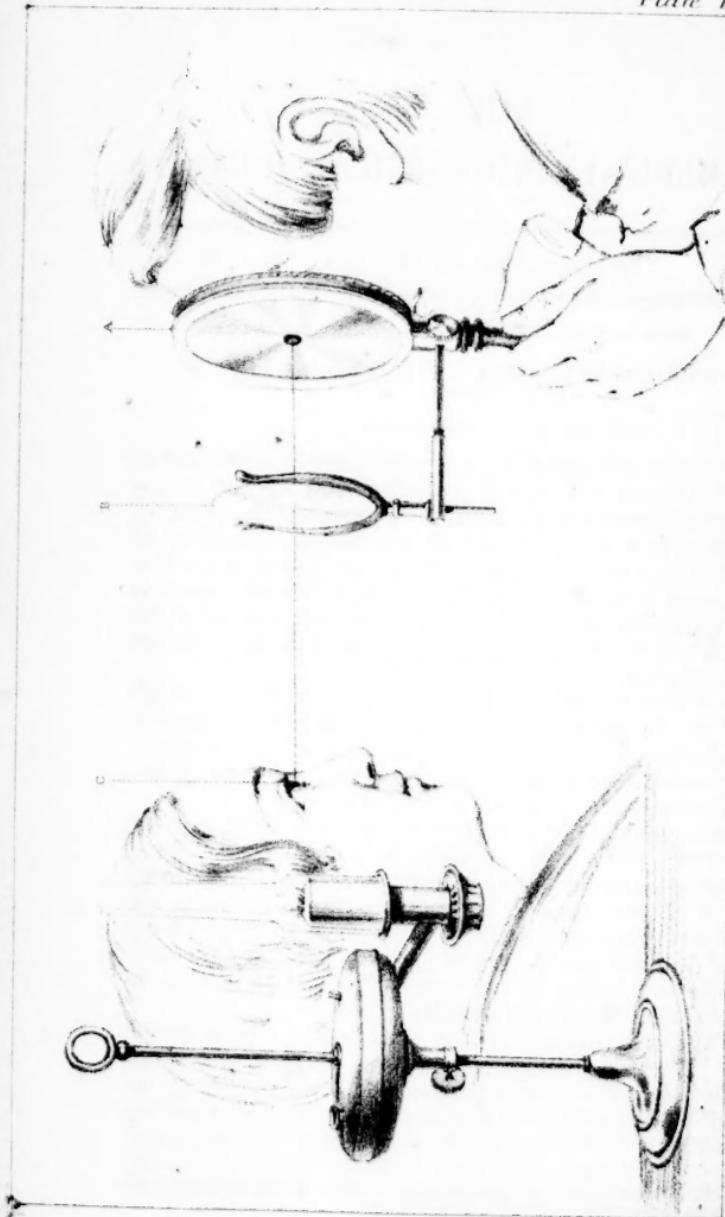
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Plate I.



Ophthalmoscope modified from those of Antegnostakis and Jäger